

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD											Page _____ of _____		
1. APPLICANT				2. PA ID			3. PW #				4. DISASTER NUMBER		
5. LOCATION/SITE							6. CATEGORY				7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED													
NAME JOB TITLE		DATES AND HOURS WORKED EACH WEEK							COSTS				
		DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME		REG.								\$	/	\$	\$
JOB TITLE		O.T.								\$	/	\$	\$
NAME		REG.								\$	/	\$	\$
JOB TITLE-		O.T.								\$	/	\$	\$
NAME		REG.								\$	/	\$	\$
JOB TITLE		O.T.								\$	/	\$	\$
NAME		REG.								\$	/	\$	\$
JOB TITLE		O.T.								\$	/	\$	\$
NAME		REG.								\$	/	\$	\$
JOB TITLE		O.T.								\$	/	\$	\$
Total Cost for Force Account Labor Regular Time												➡	\$
Total Cost for Force Account Labor Overtime												➡	\$
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.													
CERTIFIED							TITLE					DATE	